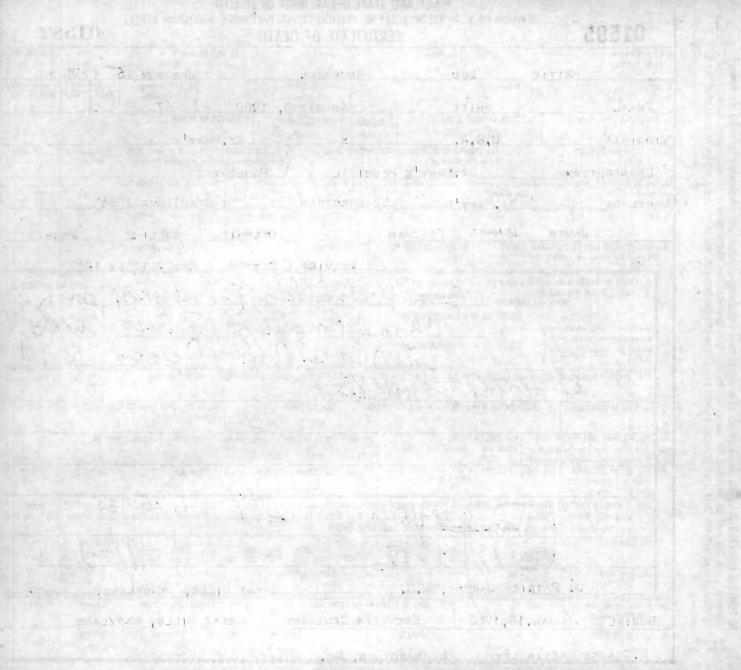
MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01595 01587 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death (Type or print) Perera and Month HATTLE LOU 968 ANDERSON JANUARY 3. SEX requires that the death certificate be executed within 24 haurs after and in any event, within 72 hours after 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. and campletely filled in by the factor of th lost birthday) MONTHS DAYS HOURS FEMALE AUGUST 3, 1900 YRS WHITE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED DIVORCED [VIRGINIA U.S.A. ST. MARY S 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY ST. MARY S LEONARDTOWN HOSPITAL HOUSEWLEE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO RTE#1 Box 109A MARYLAND LEONARDTOWN 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle JAMES MONROE FREEMAN signed by the attending physician c burial-transit permit. Then please DELPHIE MOORE ADELINE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) burial, crematian, ar removal, Box 106E NERVICE E SEXTON 1B. CAUSE OF DEATH (Enter only one couse per line for fo), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSPONENCE OF stoting the underlying cause last. 4201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 40 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the priar tak 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO Z director, page 3 shauld be detached far use should be filed with the State Dept. of Health TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Not while at work TO HOSPITAL OR ATTENDING 22a. I certify that (I) (this hospital) attended, the deceased from saw the deceased glive an the date and haur and fram the causes stated above, (I) (we) (did) (did) view the bady after death. saw the deceased alive an___ 22b. SIGNATURE DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) PATRICK JARBOE. M.D. GREAT MILLS MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) BEMOVAL (Specify) JAN. 18, 1968 EBENEZER CEMETERY GREAT MILLS, MARYLAND 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR Millerilla 30M REV. 1/68 DATE JAN 3 0 W. CLARKE MATTINGLEY LEGNARDIOWN, MO



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MARYLAND STATE DEPARTMENT OF HEALTH 01597 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01589 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR hours after death (Type or print) JANUARY Month 28 Doy 1968 GLADYS W. CRAVEN 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years log dirthdoy) HOURS MARCH 2,1898 FEMALE WHITE 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ST. MARY 18 BETTEREON, MD. U.S.A. WIDOWED X DIVORCED Paller dod uda 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY LEONARDTOWN. campletely burial, crematian, or remaval, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 13b. COUNTY ST. MARY S YES X Box 259 CALIFORNIA 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Lost Middle Lost ANNIE CREW WILLIAM H. WAREHAM 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) (If yes give war or dates of service) IRIS V. PARKHURST BOX 506 CALOFORNIA. MD 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ? rise to immediate couse (a), DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the priar to b this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? letached far use of Dept. af Health p YES 🗀 NO 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram Dec. 1, 1967, ta Jone 1968, that (I) (see) lost saw the deceased alive on 28 1868, and that in (my) (our) opinion dooth occurred on the date and hour and from the be retained directar, page 3 shauld should be filed with the causes stoted above, (1) (we) (aid) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS KKKNXXXEK LEXINGTON PARK. MARYLAND NAME (Type) WILLIAM H. PATRICK M. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE (County) BUREMOVAL (Specify) JAN. 30, 1968 SUITLAND, PRINCE GEORGE, MD. CEDAR HILL CEMETERY 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Charles 30M REV. 1/68 W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01598 01590 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2o. DATE OF DEATH 2b. HOUR O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) JANUARY Month 5. Day 1968 EDWARD CURTIS hours after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNDER † YEAR by the Pages HOURS last birthday) MARCH 17.1897 NEGRO MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) .⊑ WIDOWED 🔀 ST. MARY S MARYLAND DIVORCED | U.S.A. filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) ST. MARY B HOSPITAL during most of working life, even if retired.) INDUSTRY ***** campletely LEONARDTOWN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES NO 🔽 eve ST. MARY 18 CHAPTICO remaval, and in any 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last and ROSE CECELIA EDWARD CURTIS OLIE physician (160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) CHAPTICO. MARYLAND 215-18-0447 MRS NANCY GRAY APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY burial, crematian, ar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave ! has been signed by the se as the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | NO 🔀 FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State Caunty While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 1965, to 5, 1965, that (I) (we) lost saw the deceased alive an 1968, and that if (my) (our) opinion death occurred on the date and hour and from the , 196.5, to 5 . 19 65 , that (1) (we) lost Page 4 may be retained by couses stated above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS LEONARDTOWN, MARYLAND D. Boyp M. D. NAME (Type) WILLIAM 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) REMOVAL (Specify) 9 MEDLEY'S NECK, ST. MARY'S, MD. BURIAL OUR LADY'S CHAPEL JAN. 8. 1968 24. FUNERAL DIRECTOR BY REGISTRAR VR A15 (4) W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01601 01593 CERTIFICATE OF DEATH Last 2b. HOUR Middle 20. DATE OF DEATH DECEASED-NAME First Manth 23 neral (Type or print) 4,307 M XXXXXX FRANCK JANUARY BERTHA JANE burial-tronsit permit. Then please remove carban papers. Pages 1" burial, cremotion, or removal, and in ony event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS requires that the deoth certificate be executed within 24 hours after last birthday) MONTHS OAYS HOURS APRIL 17. XX1894 YRS FEMALE WHITE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED completely filled in country)) WIDOWED DIVORCED [7] ST. MARY'S U.S.A. 12o. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY ST. MARY'S HOSPITA LEONARDTOWN 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13b. COUNTY NO S MARYLAND STAR ROUTE BOX 80 ST. MARY'S LEONARDTOWN 14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle pup JOHN WHEATLEY CATHERINE BISCOE physician c TOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) MRS CALVIN T. ASELL STAR ROUTE BOX 80 LEONARD BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 2 dew IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p (anditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 moy be retained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health priar to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO D 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 3 should be detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot work 22a. I certify that (1) (this hospital) attended the deceased fram from 10, 1968, to 23, 1968, that (1) (we) last saw the deceased alive on 23, 186, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceosed alive on____ couses stoted abave, (I) (we) (did) (did) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE PHYS PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) P. J. BEAN M. D. GREAT MILLS. MARYLAND 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) RIDGE ST MARY & MA BURIAL ST. MICHAELS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles 1968 W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01602 01594 CERTIFICATE OF DEATH Lost 2b. HOUR DECEASED-NAME Middle 2a. DATE OF DEATH death requires that the death certificate be executed within 24 haurs after-death funeral 1 and (Type or print) MARY GOODE DELPHANIE JANUARY 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. hours after 3. SFX 4. RACE 5. DATE OF BIRTH by the attending physicion and campletely filled in by the fransit permit. Then please remave carban papers. Pages cremation, or remaval, and in any event, within 72 hours affe DAYS last birthday) MONTHS FEMALE WHITE FEBUARY 1870 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED T DIVORCED ST. MARY.S 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **HOUSEWIFE** give street address)
ST. MARY, S HOSPITAL **INDUSTRY** LEONARDTOWN DOMESTIC 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE MARYTAND 13b. COUNTY YES NO 🚽 LEONARDTOWN MARY S LEONARDTOWN Md 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle EDMOND WELCH SWANN AMELIA 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknawn) (If yes give war or dates of service) LEONARDTOWN Md. MR. ALBERT GOODE APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the attendii burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave teloner rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 3 should be detached far use as the with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 3 should be detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark _, that (I) (we) lost 220. I certify that (I) (this hospital) attended the deceased from.... . 19_ ____, to_ ond that in (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE director, page shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S DR. TEENWICK M.D. R. NAME (Type) GREAT MILLS MARYLAND 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMONAL STEAT 1/20/1968 CHRIST EPIS. CHURCH CEM. WAYSIDE 1968 ACCIONATURE 2So. REC'D BY REGISTRAR **ADDRESS** 25 30M REV. 1/68 WELCH - LEONARDTOWN.MD.

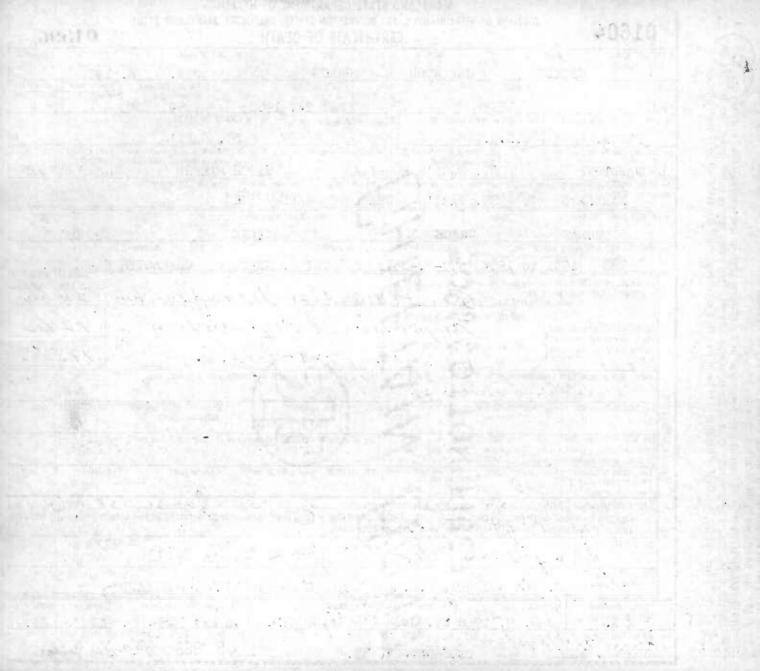
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01604 CERTIFICATE OF DEATH 01596 1. DECEASED-NAME Middle Lost First 20. DATE OF DEATH 2b. HOUR death (Type or print) Month CHARLES BELLWOOD GRACE AN. 968 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lost birthdoy) IF UNDER 1 YEAR MONTHS DAYS HOURS WHITE YRS. papers. Pagithin 72 hours of MALE MAY 24, 1908 in by 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED country) U.S.A. WIDOWED [DIVORCED [PENNA. ST. MARY'S Md completely filled 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY corbon buriol, cremotion, or removol, and in ony event, wit HOSPITAL SELF LEONARDTOWN EMPLOY 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO 🕞 CHARLOTTE 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost GRACE THOMAS SUSANNE physician of the please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) to 1934 CHARLOTTE HALL. 577-20-8373 GRACE DOROTHY APPROXIMATE INTERVAL BETWEEN ONSET AND DOA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS-A CONSEQUENCE OF Conditions, if ony, which gove? burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO DO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year be detached for Stote Dept. of H (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work saw the deceased alive an causes stated above, (I) (var (did) (did nat) view the bady after death. director, page 3 should should be filed with the 22b, SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME Type J. ROY GUYTHER. M.D. MECHANICSVILLE. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Stote) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) VALLEY LEE JAN. 9. 1968 st. GEORGE'S EPIS. CEM. ST. MARY'S 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** BY REGISTRAR VR A15 (4) Munica 1968 30M REV. 1/68 JOHN M. WELCH LEONARDTOWN. MD.



MARYLAND STATE DEPARTMENT OF HEALTH 01605 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01597 DECEASED-NAME Middle Last First 2a. DATE OF DEATH 2b. HOUR (Type or print) 1968 JANUARY CHARLES SOMERSET HAMMETT 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR within 24 hours after IF UNDER 24 HRS. last birthday) DAYS HOURS 2/12/1889 MALE WHITE 78 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) remave carbon papers. physician and completely filled in DIVORCED [and in any event, within 72 WIDOWED [7] MARYLAND U.S.A. ST. MARY.S MARYLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
ST. MARY.S HOSPITAL during mast of warking life, even if retired.)
ENGINEMAN INDUSTRY LEONARDTOWN RETIRED 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. SOUNTY MARY . S admission) MSAHYTAND NOT GREAT MILLS YES [RURAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last Last DAVID HAMMETT COX HENERITTA 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes na, ar unknawn) (If yes give war or dates of service) ian, ar remaval, AGREAT MILLS Md. 220-16-4786 MRS. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditians, if any, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART 1(a) as the has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO X be detached far use State Dept. af Health Page 4 may be retained by the haspital or this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark sow the deceased olive on courses stoted by ave, (I) (was) (lief) (slider) view he body after death. 22a. I certify that (f) (this hospital) attempt FUNERAL DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED STAFF ATTENDING PHYS. MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS PHYSICIAN'S NAME (Type) JARBOR M.D. GREAT MILLS directar, MARYLAND shauld 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATIO (County) (State) 13/1968 HOLY FACE CEMM. GREAT MILLS ST. MARY.S ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 30M REV. 1/68 LEONARDTOWN MARYLAND

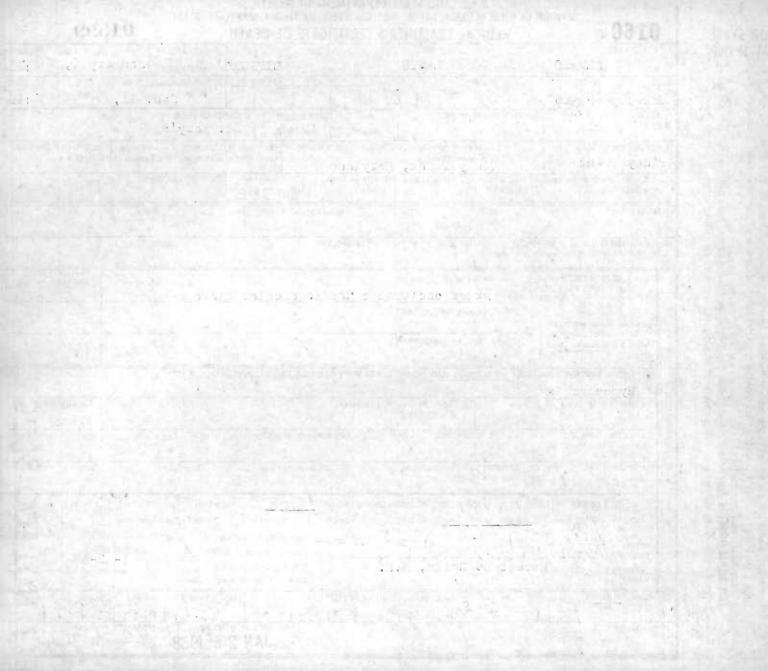
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01606 01598 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR and 2 death. requires that the death certificate be executed within 24 hours after death. (Type or print) Month :35 Harris January 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS last birthday) transit permit. Then please remave carban papers. Pages cremation, ar remaval, and in any event, within 72 haurs afti DAYS HOURS Female Negro January 1968 2 35 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) campletely filled in, Maryland WIDOWED [DIVORCED [St . Maryy's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Leonardtown St. Mary's Hospital

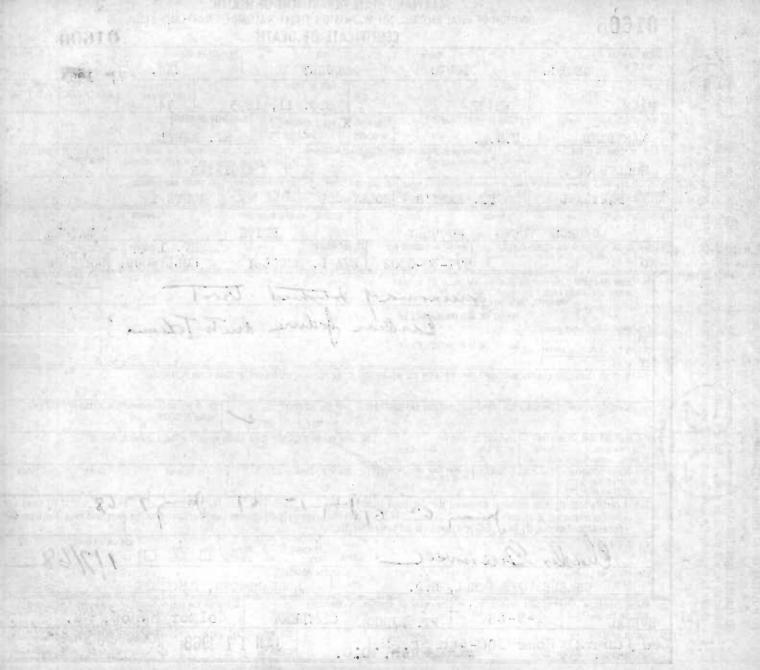
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY MARYLAND MECHANICSVILLE NO J ST . MARY S 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Lost and Loretta Harris Marv Key Edward Thomas 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown \ Mother Mechanicsville, Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: RESPIRATORY 2 HRS-35 Min IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave) HUDROCEPHALUS signed by the burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s far use as the b f Health priar ta b 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO D YES [r this certificate has be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. State Dept. af 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from... and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on... director, page 3 should shauld be filed with the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SJGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS NAME (Type) William C. Mulford M.D. Mechanicsville, Mary Land 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b, DATE (Stote) (County) BEMOVAL (Specify) JAN. 5, 1968 ST. ALOYSIUS LEONARDTOWN ST. MARYL 250 JACNIBY REGISTR 1968 24. FUNERAL DIRECTOR Mattingly VR A15 [4] 30M REV. 1/68 W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE

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1			DIVISION		NAKYLAND RECORDS, 301						ND 21201		15	-61
FOR STATE	_	0150		MED	ICAL EXAM		CERTIFI		OF DE	ATH		. 01	1599 /	39
HEALTH DEPT.		ECEASED-NAME Type or Print)	First ALFRED		Mid LE	WIS		Last	LIPI		2a. DATE KNOWN OF ESTI- DEATH MATED		Day Yeor ary11,968	2b. HOUR:
ny delay is 1, 2, and 3 to m PM3. Page Department of	3. SI	ale	4. RACE Negro	S. DATE OF	BIRTH	6. AGE (In year last birthday) 64 Yi	MONTHS	R 1 YEAR DAYS	IF UNDER 2 HOURS	MIN.	2c. DATE PRONOUN	n. Dall,	Year 19 68	2d. HOUR 4:15
	7o. I	BIRTHPLACE (Stat try)	e or foreign 7	b. CITIZEN OF V	VHAT COUNTRY?		DOWED		RCED		TY OF DEATH Mary s	13 6		M
fer deoth Give Poges ong with for th the Stote		iney Po			NAME OF HOSPITA e street oddress) ney Poir			hospitol			UPATION (Kind of working life, even		12b. KIND OF BUS INDUSTRY	NESS OR
24 hours after deoth in Item 18. Give Poges r's Office along with for ss Land 2 with the Stote rs ofter death.		USUAL RESIDEN dmission) STATE	CE (Where decease		itution: Residence			130	YES N		13e. STREET AND N	UMBER		
4 hours 1 Item 1 2 Office 1 land 2 5 offer d	14. F	ATHER'S NAME	First	Mid	dle	Last	1S. MOTH	IER'S MAIL	DEN NAME	First		Middle	Lost	
within 24 pencil in xaminer's ile pages 72 haurs		WAS DECEASED EV es, na, or unknav	/ER IN U.S. ARMED F	ORCES? war or dates of service	16b. SOCIAL SEC	URITY NO.	17. INFORM	ANT			ADD	DRESS		7
This certificate shauld be executed within 24 hours after deoth cate, writing the word "pending" in pencil in Item 18. Give Poges 1, be farwarded to the Chief Medical Examiner's Office along with form I be used as o burial-tronsit permit. File pages 1 and 2 with the Stote Der removal, and in any event within 72 haurs ofter death.		1B. CAUSE OF PART 1. [DEATH (Enter only DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (o)	rterios	cleroti	c Caro	diova	ascula	ar Di	isease		APPROXIMATE BETWEEN ONSET	
This certificate shauld be excate, writing the word "penbe farwarded to the Chief Me be used as o burial-tronsit for removal, ond in any event		rise to immed	iny, which gave liote couse (o), aderlying couse	(b)	OR AS A CONSEQU	-22			193					
ertificate shauld I writing the word warded to the Ch sed as o burial-tro loval, ond in any		lost. 4	SIGNIFICANT CONDI	(c)	UTING TO DEATH E	BUT NOT RELATE	D TO THE TEI	RMINAL DI	ISEASE OR C	ONDITION	GIVEN IN PART 1(a)		
ifica ting rrdeo as as	2	Нуро	thermia			N Name		-ne		77				
his certificate ate, writing the farwarded to be used as o be removal, and	CERTIFICATION	19a. DATE OF C	403		19b. CONDITION WAS PERF	N FOR WHICH C FORMED?							20. AUTOPSY	NO 🗌
# 7 2 0	MEDICAL CE	CAUSE OF DEAT	R CONTRIBUTING	HOUR	OF INJURY Manth, I A.M. P.M.	Day, Year 19	21c. HOW II	NJURY OC	CURRED (Ent	ter noture	af injury in Port	1 or Port 2, I	Item 1B.)	
S = F F F F	MED	21d. INJURY OC WHILE AT WORK		LACE OF INJURY tory, office build	(At home, form, ding, etc.)	street,	21f. LOCATIO	ON Street o	or R.F.D. No.		City or Town		Caunty	Stote
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pleos pleos retain L DIRE		ACTUAL SIGNATURE	Ills	2/2	5	-			F MEDICAL I		_	22b. DAT	E SIGNED	
necessory, p the funeral S may be re to FUNERAL Health pria		EXAMINER'S NAME (Type)	W	erner U	Spitz	, M.D.		DEPL	JTY MEDICA	L EXAMIN		1-	12-68	7
To The Head of the	230.	BURIAL, (REMA REMOVAL (Spec	TION 23b.	DATE 24	68 CT.	AME OF CEMETE	RY OR CREM	ATORY SC	1+00	23d.	LOCATION (City or	Tawn)	(County) (S	tate)
VR A15ME (5) 10M REV. 1/68	24.	FUNERAL DIRECT	OR			ADDRESS			2Sa. REC'D		5 1968	REGISTRAR'S	SIGNATURE PLAN	je.



01608 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01600 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 hours after deoth. (Type ar print) Manth. GEORGE YOUNG MCCULLY 1968 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years JE LINDER 24 HRS attending physician ond completely filled in by the formit. Then pleose remove corbon papers. Pages on, or removol, and in ony event, within 72 hours attains. last birthday) MONTHS DAYS HOURS DEC. 11. 1893 MALE WHITE 7o. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)
MARYLAND DIVORCED [WIDOWED | U.S.A. ST. MARY'S 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12h, KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.)
ENGINIER INDUSTRY HOLLYWOOD 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. CDUNTY NO T MARY'S HOLLYWOOD ROUTE 1 14. FATHER'S NAME Middle Middle Lost 15. MOTHER'S MAIDEN NAME First First GEORGE YOUNG MCCULLY EDITH WATHEN 16b. SOCIAL SECURITY NO. RT. 1 Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes no, or unknown) 577-30-6302 EVA L. MCCULLY HOLLYWOOD. MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carcinoma permit. buriol, cremotion, DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gove rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been sise as the lith prior to k 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TH YES 🔲 Stote Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. City ar Tawn Caunty State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 12. , 1967, ta 7, 1968, that (I) (we) lost saw the deceased alive an 1967 and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated abave, (I) (we) (did) (did not) view the body after death. O FUNERAL DIRECTOR: After director, page 3 should should be filed with the 22b. SIGNATUR 22c. DATE SIGNED. ATTENDING STAFF DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type CHARLES GREENWELL, M.D. LEONARDTOWN. MARYLAND 23d. LDCATIDN (City ar Town) 23c. NAME DF CEMETERY DR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE (Caunty) BURIAL (Specify) Colmor Manor, Md. 1-9-68 CEMTERY FT. LINCOLN 24. FUNERAL DIRECTOR Lee Funeral Home 300-4th ADDRESS VR A15 (4) 30M REV. 1/68



	T+	01609 em #13a,b & c i		VITAL RECORDS,		ATE OF D					1601	
	1. DI	ECEASED-NAME First	III OI' 9 . be	Middle	Dievi	Lost	1 00	DATE OF I	DEATH		7 M (313)	2b. HOUR
	(1	Type or print) Gar	У	Neil		Miller	Jr.	Janu	Month	27	Year 1968	6:45
	3. SE		4. RACE			S. DATE OF BIRT		Janu	6. AGE (In year	ors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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		BIRTHPLACE (Stote or foreign ntry)	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIE	D 9. CC	DUNTY OF	DEATH			
ı		Maryland			WIDOWED			S	t.Mary	1'5		M
		CITY OR TOWN OF DEATH	nive	AME OF HOSPITAL OR IN street oddress)			12a. USUAL OC	f working li	(Kind of work ife even if rel	dane	12b. KIND OF INDUSTRY	BUSINESS OR
	10	Leonardtown USUAL RESIDENCE (Where decease	11: 1::::::::::::::::::::::::::::::::::	St. Mary's	Hesp	ital	L. Coming most o	I				
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			r or dates of service)			Moth	~~	Cha			11 Max	
	H	18. CAUSE OF DEATH (Enter onl	one couse per li	ne for (a) (b) and (c)	1.)	, , , , , , , , , , , , , , , , , , , ,	-		101.66	113	APPROXI	MATE INTERVAL INSET AND DEATH
		PART I. DEATH WAS CAUSED	BY: TE CAUSE (a)	Respirato		Toliexo					DETWEEN C	MISET AND DEATH
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		Conditions, if any, which gave	(b)	Julieron		except	us				36	lers.
		rise to immediate couse (a), stating the underlying couse		AS A CONSEQUENCE OF					- 5 75			
		last.	(c)									
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBU	ITING TO DEATH BUT N	IOT RELATED TO	D THE TERMINAL D	ISEASE OR CONDI	TION GIVEN	IN PART 1(o)			
	CERTIFICATION	190. DATE OF OPERATION 19b. (ONDITION FOR WE	IICH OPERATION WAS PE	ERFORMED	20a. AUTOPS	(?	20b. 1F	YES, WERE FINI	DINGS CO	NSIDERED IN C	ERTIFYING
	TIFICA					YES X	NO 🗀	CAUSES	OF DEATH?			
	GER.	210. ACCIDENT WAS UNDERLYING			21c. H	OW INJURY OCCUR	RED (Enter note	ure of injury	in Part 1 or	Part 2, It	em 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	Month Doy Year	9							
		21d INITIRY OCCURRED 21e	PLACE OF INJURY	(AT HOME, FARM, STREET, FA		OCATION Street of	r R.F.D. No.	City	or Town		County	State
		at wark of wark							ISCL.			
		22a. I certify that (I) (this saw the deceased al	hospital) att	ended the deceas	ed fram	6 JAN	_, 19.68	, to	7JAN	_, 19_	thot	(I) (we) lo
		couses stated above	(I) (we) (did)	(did not) view the	bady after	a inai in (my) death.	(exer) apiniar	aeath a	ccurrea on	rne dot	e and nour	and fram ti
		22b. SIGNATURE <	1 1.	, , , , , , , , , , , , , , , , , , , ,					CTAFF	22c. D	ATE SIGNED	
		Kuliay	2. Ille	ufna	DEGI	ATTENDING PHYS.	MED. DIRECT	OR	STAFF PHYS.	1	131/6	8
		22d. PHYSICIAN'S NAME (Type)				22e. ADDRES				1		160
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	23a	OURIAL, CREMATION, 23b. D SEMOVAL (Specify)	ATE 21/	C 23c. NAME OF	CEMETERY OR	CREMATORY	@ 23c	d. LOCATION	City or Tow	p)	(County)	(State)
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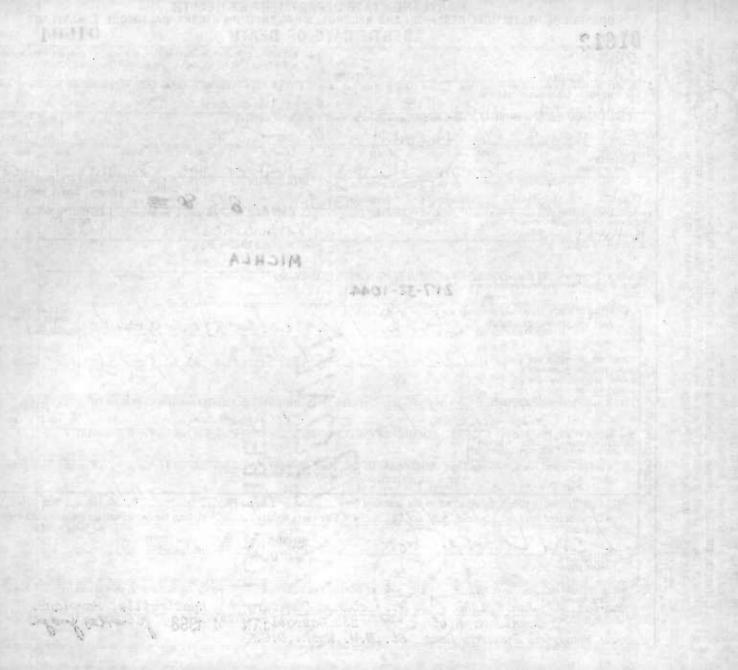
01610 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 13c Film G397 1/30/68 kk CERTIFICATE OF DEATH 01602 Middle Lost DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR deoth. (Type or print) Month JANUARY REDFOOT JOHN IF UNDER 1 YEAR IF UNDER 24 HRS. hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years Te l last birthdoy) DAYS MONTHS HOURS DEC.25, 1884 MALE NEGRO 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? within 24 hour 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) .⊆ U.S.A. WIDOWED K DIVORCED [ST. MARY S MARYLAND burial, cremotion, or removal, and in any event, within 72 filled i 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
FARMER **INDUSTRY** remove corbon completely PARK HALL COURTNEYS NURSING HOME 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed admission) STATE MARYLAND 13b. COUNTY - MARY S YES V NO PARK HALL 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle puo First ? physician 16b. SOCIAL SECURITY NO 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no. or unknown) NURSING HOME RECORDS PARK HALL. MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. Conditions, if any, which gave) burial-tronsit rise to immediate cause (a). DUE TO, OR AS A CONSEQU signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b Page 4 moy be retained by the hospital or ottending as the hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T director, page 3 should be detached far use should be filed with the State Dept. of Health p FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION OFFICE BUILDING, ETC. 21d. INJURY OCCURRED Street or R.F.D. No. City or Town Stote County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from at in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an_ 1) view the bady after death ond th causes stated above, (1) (we) (did 22c. DATE SIGNED 22b. SIGNATURE STAFF ATTENDING PHYS DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) JAMES M. D. JARBOE GREAT MILLS. MARKLAND 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) HOLY FACE CEMETERY GREAT MILLS. ST. MARY'S JAN. 17 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles VR A15 (4) 1988 W. CLARKE MATTINGLEY 30M REV, 1/68 LEONARDTOWN, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01603 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) Januarv Thomas 6, B:00A Joseph Russell signed by the attending physician and completely filled in by the fur burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4. RACE IF UNDER 24 HRS. requires that the death certificate be executed within 24 haurs after S. DATE OF BIRTH 6. AGE (In years lost birthday) Male White January 6,1968 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) United States Mary land WIDOWED | DIVORCED St. Mary's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Leonardtown St. Mary's Hospita None None 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Last Middle Last eonard Cecil Russell.Jr. Havden Mary Agnes 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, no. ar unknawn) Mother Hollywood, Maryland None 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the b i Health priar ta b CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 🗆 O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from____ . 19 ___, ta_ saw the deceased alive an ______19 ____, ond that couses stoted above, (I) (we) (did) (did not) view the body ofter death. ond that in (my) (aur) apinion deoth occurred on the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) F. Fenwick, M.D. Leonardtown, Maryland John BURIAL, (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawp) (County) (Stote) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 DATEJAN

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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after death. the funeral ges 1 and 2 after death	1. PLACE OF DEATH a. COUNTY A. STATE MOTULAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MOTULAND MARYLAND MARYLAND MARYLAND
N DO	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
24 Hours	d. NAME OP HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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executed within and completely remove carbon in any event, with	DECEASED (Type or print) 5. SEX Chite WIDOWED DECEASED ONC Shelt DEATH
te be execu ysician and please remo , and in any	1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY? Lithuania
ding ph Then removal	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MICHLA
eath c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 2.7-32-1044
ospital or attending physician. certificate be executed within 24-mouss ospital or attending physician. certificate has been signed by the attending physician and completely filled in bled for use as the burial-transit permit. Then please remove carbon papers, to fleatth prior to burial, cremation, or removal, and in any event, within 72 hour x	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO INTERVAL BETWEEN DIST AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that it Page 4 may be retained by the hospital or attending physician 5 FUNERAL DIRECTOR. After this certificate has been signed director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	Cenditions, If any, which gave rise to immediate cause (a), stating the DUE TO Cenditions, If any, which (b) OENEVO ILEE CONFORM CONF
N: The law retal or attendilificate has be for use as the Health prior	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
YSICIAN. b hospita is certif tached f bept. of I	
one physicily the hosp of by the hosp of the this celd be detached by State Dept. Call	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE DF INJURY (Home, farm, factory, st
retained retained rector: Af 3 should i	21. I certify that (I) (this hospital) attended the deceased from 3/4, 19, to 1/6, 19, that (I) (we) last saw the deceased alive on 1/2/3/6/19, and that death occurred at M, from the causes and on the date stated above
FOR HOSPITAL OR ATTENING Page 4 may be retained for FUNERAL DIRECTOR: director, page 3 should should be filed with the	22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED 22c. PHYSICIAN'S 1 22d. ADDRESS
Page 4 may be of FUNERAL DIR director, page director, page should be filed by	NAME (Type)
To Sping Spi	REMOVAL (Specify) Jan. 2, 1968 Mt. Lebanon Cemetery Hyattsville, Maryland.
VR AI5 (4)	24. FUNERAL DIRECTOR Donald M. Stein ADDRESS 232 Carroll 35. NREC'DAY 1988 AR LANGUAGE Hebrew Memorial Funeral Home St., N. W., Wash., D. GATE
20M 1/65	



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	01010	DIVISION O		301 W. PRESTON STR		RE, MARYLAND 21201		
				CERTIFICATE OF	DEATH		01605)
1	(Type or print)	rst	Middle	Last	2a	i. DATE OF DEATH Manth	Doy Cayear	2b. HOUR
	J	OSEPH	XAVIER	STONE		ANUARY 21,	1908	N
1	3. SEX	4. RACE		S. DATE OF BIE		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1	MALE		WHITE	FEB.26	,1928	last birthday) 39 YF		ININ.
	7o. BIRTHPLACE (State ar foreign country)	7b. CITIZEN OF V		8. MARRIED NEVER MARI	KIED	OUNTY OF DEATH		
1	WARYLAND	U.S.	Α.	WIDOWED DIVOR	CED 🗌	ST. MARY E	3	Md
١	10. CITY OR TOWN OF DEATH		NAME OF HOSPITAL OR IN e street oddress)	STITUTION (If not in hospital	120. USUAL OC	CUPATION (Kind of work dor	ne 12b. KIND OF BI	USINESS OR
ا	LEONARDTOWN,			MARY IS HOSPIT	AL MECH	ANIC	INDUSTRY SAND &	GRAVE
	30. USUAL RESIDENCE (Where dece	eosed lived, if institu	ution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		30,10
	admission) STATE MARYLAN	13b. COUNTY	ST. MARY S	HOLLYWOOD	YES NO	Box 281		
	14. FATHER'S NAME First	Middle	Last	1S. MOTHER'S MA	IDEN NAME First	Middle		Last
		DAVID	STONE		LUCIL		GOLDSBOR	OUGH
I	16a. WAS DECEASED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECURITY			Address		
Į	Yes, no, or unknown) (If yes giv		213 22 11	01 ELIZABETH	ANN STO	NE Box 281 F	OLLYWOOD,	
I	18. CAUSE OF DEATH (Enter	anly ane cause per	line for (a), (b), and (c)	()	25000	1	APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
ı	PART I. DEATH WAS CAU	ISED BY: DIATE CAUSE (a)	How	te coron	2 25	occlusia	7 2	his
1	1410.9	DUE TO, OR	AS A CONSEQUENCE OF		7		,	1
	Canditians, if any, which gav	(b)	Treve	in cora	1200	= clusing	10	d.
ı	stating the underlying cous		AS A CONSEQUENCE OF		9		# N T T T	
١	last. 4201	-) (c)						
	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIB	BUTING TO DEATH/BUT N	OT RELATED TO THE TERMINAL	DISEASE OR CONDIT	TION GIVEN IN PART 1(a)		12/15/1
	3 NUV	erclu	Jeste	rocen,	2			
	19a. DATE OF OPERATION 19	b. Condition for w	HICH OPERATION WAS P			20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CER	TIFYING
ı	ATE TO THE			YES 🗌	NO 🗆			
		DEATH HOUR A.M			URRED (Enter natu	ure af injury in Part 1 or Port	2, Item 18.)	
	E (If either, notify medical exo	miner) P.M		9				11-13
		1e. PLACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY, 21f. LOCATION Street	or R.F.D. Na.	City or Town	County	State
	While Not while at wark at wark							
1	22a. I certify that (I) (saw the deceased	this haspital) at	tended the deceas	ed fram		, ta, death accurred an the	19 <u>6</u> 2, that (l) (we) la
1	saw the deceased	Olly on Idid) did nat) view the	bogý after death.	/) (our) apinian	death accurred an the	date and haur at	na tram th
	22b. SIGNATURE	7	2	/	/	_ 2	2c. DATE SIGNED	
	1en	1 4/	Dern	DEGREE PHYS.	G MED.	STAFF C		
1	22d. PHYSICIAN'S	D	4 0	22e. ADDI				
1	NAME (Type) LEON	BERUSE N	1. U.		MECHAI	NICSVILLE, MA	RYLAND	
I		b. DATE	23c. NAME DF	CEMETERY DR CREMATDRY	23d	d. LOCATION (City or Town)	(Caunty)	(State)
	BUREMOVAL (Specify)	JAN. 24, 19	68 ST J	OHN CEMETERY		HOLLYWOOD, S	T MARY !	MARVIA
1	24. FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY REC	GISTRAR 25b. REGISTRA	AR'S SIGNATURE	
	W.CLARKE MATTI	NGLEY LE	ONARDTOWN.	MARYLAND	DATE	a 4 1000 00	lisales for	- A
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01614 CERTIFICATE OF DEATH 01606 Lost 2o. DATE OF DEATH 2b. HOUR DECFASED-NAME First Middle death JANUAR Month 23 Doy (Type or print) 1968 uneral EVA KEMP THOMAS 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. vithin 72 haurs after 3. SEX 6. AGE (In years requires that the death certificate be executed within 24 haurs after last pirthdoy) HOURS AUGUST 4,1896 COLORED FEMALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) completely filled in ave carban papers. ST. MARY'S U.S.A. GEORGIA WIDOWED S DIVORCED [12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12h. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH HOSP L TAduring most of working life, even if retired.) give street oddress)ST INDUSTRY LEGNARDTOWN burial, crematian, or remaval, and in any event, 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13b. COUNTYST. MARY S LEXINGTON PKYES NO x MARYLAND ROUTE 1 Box 31B2 remave 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Lost and WILLIAM WALKER MATILDA SHELLEY physician (160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes. no. or unknown) MARY E. HARRIS RT1 Box 31B2 LEXINGTON PARK, MD 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to has been OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO [YES T FUNERAL DIRECTOR: After this certificate by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY County City or Town While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from-_1866, and that in (my) (our) opinion death/occurred on the date and haur and from the saw the deceased alive an Alm 23 be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22h. SIGNATURE ATTENDING PHYS. STAFF PHYS. DEGREE DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) LEXINGTON PARK, MARYLAND WILLIAM H. PATRICK M. D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE 23o. BURIAL, CREMATION BURIAL (Specify) MEMORIAL CEMETERY 2 JAN. 27. 1968 XXMXXX TAMPA . HILLSBORD . FLORID 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Milarles 1968 DATE JAN 2 6 30M REV. 1/68 W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

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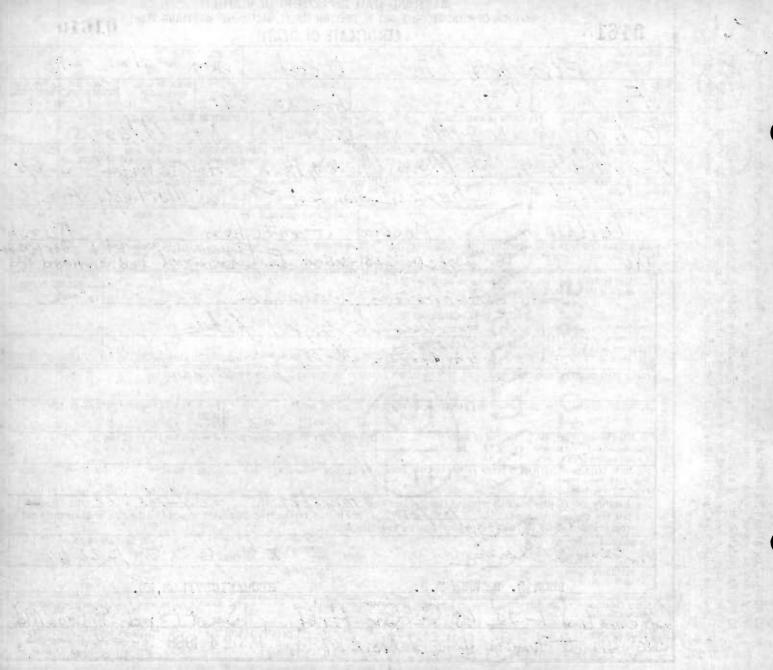
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tent Tag		3. \$	EX 4. RACE	5. DAT	TE OF BIRTH	6. AGE (In	years IF UNDER) YEAR day) MONTHS DAYS		MINI ZC. DAT	E PRONOUNCED DEAD		2d. HOUR
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	s of		HAY	DEN A	LEXANDER	WATHER		Li	RENE		Тномра	ON
<u></u>	haurs		WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b, SOCIA	AL SECURITY NO.	17. INFORMANT		W. S. C.	ADDRESS		
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te st the d ta a bu			PART 2. OTHER SIGNIFICAN	IT CONDITIONS CO	NTRIBUTING TO DEA	ATH BUT NOT RE	LATED TO THE TERMINAL	L DISEASE OR CO	ONDITION GIVEN	IN PART 1(a)		
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= = =	0		210. EXTERNAL CAUSE WA PRIMARY TO OR CONTRIB		TIME OF INJURY Ma HOUR A.M.	nth, Day, Yeor	21c. HOW INJURY	OCCURRED (Ent	er noture of inju	ry in Port 1 or Port 2,	Item 18.)	
INER: The certific shauld be files.	tion	MEDICAL	CAUSE OF DEATH		P.M.	19		0.50				
EXAMINER: cute the cert age 4 shault r your files.	cremation,	Σ	21d. INJURY OCCURRED WHILE TO NOT WHILE TO	factory, office	INJURY (At home, for building, etc.)	arm, street,	21f. LOCATION Stre	eet ar K.t.D. No.	Cı	ty or Town	County	Stote
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o DEPUTY SICAL E	Health		NAME (Type)	WILLIAM	D. Boyo	M. D.	A	ADDRESS(Street,	city, town, or co	ounty)		
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, I	MAKYLAND STATE DEPARTMENT OF HEALTH O 1 6 1 7 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0160	09
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	Year 2b. HOUR
2, and 3 to PM3. Page	(Type or Print) WAYNE JOSEPH WATTENBACH OF ESTI- DEATH MATED JAN 23	1968 M
P 2 3	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
A day	MALE WHITE 12/10/1943 24 YRS. JAN. 23	1968 M
any n p	76. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
\$ P. 1	COUNTRY) WISCONSIN USA WIDOWED DIVORCED ST. MARYS	Mo
after death along with the State	give street address) during most of working life, even if retired.) INDUSTI	ND OF BUSINESS OR RY
s after d 18. Give along w 2 with the death.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
rs a 18. 2 w dec	odmission) STATE MD. 13b. COUNTYST. MARYS CALIFORNIA YES NO X RURAL	
I hours after Item 18. Giv Office along	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	HOWARD WATTENBACH MARGARET	JENNY
within 24 pencil in cominer's ile poges 72 hours	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or doles of service) 396 42 8248 TAKE SHORE ETINERAL HOME MILITARIUM	
executed within anding" in pencil Medical Exomine t permit. File pog nt within 72 hou	730 TE OFTO DAME FORESTED HOME FILMADAE	E.WIS. APPROXIMATE INTERVAL
be executed "pending" in ief Medical E insit permit. F	18. CAUSE OF DEATH (knier only one couse per line for (a), (b), and (c).) BAST I DEATH WAS CALISED BY.	ETWEEN ONSET AND DEATH
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be execut "pending" iief Medic insit permi	Conditions, if any, which gove)	
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E P 0 /	21c. EXTERNAL CAUSE WAS PRIMARY A CONTRIBUTING 121b. TIME OF INJURY Month, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	144
INER: Te certific should be files. 3 should notion, or	CAUSE OF DEATH 10:05MP. M. 1/25/68 AUTO OVER TURNED	
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DEPUTY COLCAL EXAMINER: ressory, please execute the certification director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should salth prior to buriol, cremotion,	WHILE NOT WHILE IN OUT WHILE IN OUT WORK IN PATULE DIDING BEACH RD. CALIFORNIA ST. MAR	
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o DEPUTY necessory, F the funeral 5 may be r 0 FUNERAL Health price	EXAMINER'S NAME (Type) WM. D. BOYD M.D. ADDRESS(Street, city, town, or county) LEONARDTOWN	MID
necesso the fun 5 moy 10 FUNE Health	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	
	TRANSITION 1/24/68 MILWAUKEE, WISCON	
	29 EUPERAL DIRECTORY US OF ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU	
VR A15ME [5] 10M REV. 1/68	JOHN M. WELCH - LEONARDTOWN, MARYLAND DATE JAN 26 1968 Ochanica	Onde
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01610 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR First Lost 24 haurs after death. Jan. Manth 2/ Day (Type or print) Year / S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) OAYS HOURS YRS. 9. COUNTY-OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED filled 12a, USUAL OCCUPATION (Kind of work done CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION All f pot in haspital 1/2b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of warking life, even if retired.) INDUSTRY the attending physician was carbon to account. Then please remove carbon with Touse with crematian, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where decrosed lived, if institution: Residence before 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First 3m 0 HEORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no of unknown) (If yes give war or dates of ser 16b. SOCIAL SECURITY NO Address (If yes give war or dates of service) ariol hdid > 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause 2 3 shauld be detached far use as the burial-with the State Dept. of Health priar ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(o) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES -NO [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.)
OFFICE BUILDING, ETC. 21d, INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. Stote City or Tawn County While Not while at wark at wark 220. I certify that (I) (this haspital) attended the deceosed from 10/25/ 68, 1968 and that in (my)(our) apinion death accurred on the date and hour and from the 20 saw the deceased alive oncouses stoted obove, (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING MED. DIRECTOR X directar, page 3 should be filed v DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LEON W. BERUBE M.D. MECHANICSVILLE, MD NAME OF SEMETERY OR CREMATORY 23b. DATE LOCATION (City or Town) (State) 23a: BURIAL, CREMATION (County) REMOVAL (Specify) VR A15 (4) Q 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01611 Middle Lost 20. DATE OF DEATH 2b. HOURN 1. DECEASED-NAME January (Type or print) William Zellers, Jr. Augustus IF UNDER 1 YEAR S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years hours after lost birthdoy) 5-27-02 White YRS Male 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED St. Mary's United State\$ widowed □ DIVORCED [Maryland 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) **INDUSTRY** director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove corbba should be filed with the State Dept. of Health prior to burial, cremotion, or removal, ond in ony event, with remove corbon Leonardtown Hospita and complete 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Mary land 13b. COUNTYS t YES .Mary s NO 🔽 Box 26 Avenue Middle 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Edwards Zellers, Sr. William Augustus Hattie 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. or unknown) I (If yes give war or dates of service) Hospita1 Record APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c).) PART 1. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (o) DUE TO, OR AS A CONSECUENCE OF Conditions, if ony, which gove ; burial-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INVESTIGATE use os the FUNERAL DIRECTOR: After this certificate has been 20b. 15 YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? NO T YES 🗍 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detoched (AT HOME, FARM, STREET, FACTORY,)
OFFICE BUILDING, ETC. 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County Stote 21d. INJURY OCCURRED While Not while ot work of work 22b. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Mills. Pand Great Mary Jarbøe, James 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION 1-13-68 298 GREENE ST., BALTIMORE, MO ANATOMY BOARD 24. FUNERAL DIRECTOR Mattingley's Funeral Home, Leonardtown 30M REV. 1/68 DATE

MAKTLAND STATE DEPAKTMENT OF HEALTH

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